

APN: 001-102-04

Send tax statements to:
RONALD A. CARRION FAMILY TRUST
P.O. Box 159
Eureka, NV 89316

When recorded return to:
James M. Copenhaver, PC
950 Idaho Street
Elko, NV 89801



0213037

AFFIDAVIT OF DEATH TERMINATING JOINT TENANCY

STATE OF NEVADA)
) ss.
COUNTY OF ELKO)

I, **CHESTER L. HULL**, do hereby swear (or affirm) under penalty of perjury that the following assertions of this Affidavit are true.

1. I am the surviving spouse of **MIRIAM HULL**.

2. My decease spouse, **MIRIAM HULL** and I acquired title to the following described property located in the County of Eureka, State of Nevada, by that certain Grant, Bargain and Sale Deed dated September 16, 1996, and recorded on the 24th day of September, 1996, at Book 301, Pages 056-058 as File No. 164626, official records Eureka County Recorder, Eureka County, State of Nevada. Said real property being more specifically described as follows:

Lots 5 and 6, Block 22, of the TOWN OF EUREKA, County of Eureka, State of Nevada, as the same appear on the official map on file in the office of the County Recorder, Eureka County, Nevada.

TOGETHER WITH all buildings and improvements thereon.

3. **MIRIAM HULL**, being one of the persons described in the Grant, Bargain and Sale Deed, referenced above, as a grantee and joint tenant died in the City of Elko, County of Elko, State of Nevada on the 19th day of February, 2001. A certified copy of the

death certificate of **MIRIAM HULL** is attached to this Affidavit and made a part thereof.

4. I am making this Affidavit for recording and for the purpose of showing that all right, title interest or estate of **MIRIAM HULL** in the above described real property has terminated by virtue of her death and that title to the real property is now vested solely in the surviving joint tenant, **CHESTER L. HULL**.

DATED this 17 day of July, 2008.

Chester L. Hull

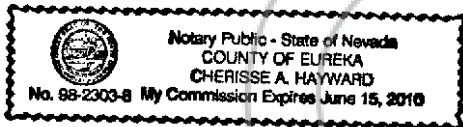
CHESTER L. HULL

State of NEVADA
County of EUREKA

This instrument was acknowledged before me on the 17th day of July, 2008, by **CHESTER L. HULL**.

Cherisse A. Hayward

NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

28,353 (029)
LOCAL FILE NUMBER

20010002258
STATE FILE NUMBER

1. DECEASED—NAME First: Miriam, Middle: Margaret, Last: HULL			2. DATE OF DEATH (Month, Day, Year) February 18, 2001		3. COUNTY OF DEATH Elko	
3b. CITY, TOWN OR LOCATION OF DEATH Elko		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Elko General Hospital		3e. If Hosp. or Inst. Indicate DOA, OP/Emer, Rm. Inpatient (Specify) OP/Emer.Rm.		3d. SEX Female
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) white		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> if yes, specify Mexican, Cuban, Puerto Rican, etc. No		7. AGE—Last Birthday (Years) 66		8. DATE OF BIRTH (Mo., Day, Yr.) August 8, 1934
9a. STATE OF BIRTH (If not U.S.A., name country) Wyoming		9b. CITIZEN OF WHAT COUNTRY USA		10. Decedent's Education. Specify highest grade completed. 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home		12. SURVIVING SPOUSE (If wife, give maiden name) Chester Hull
15a. RESIDENCE—STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN, OR LOCATION Eureka		15d. STREET AND NUMBER 310 El Centro
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER—NAME First: [REDACTED], Middle: [REDACTED], Last: [REDACTED]		17. MOTHER—MAIDEN NAME First: [REDACTED], Middle: [REDACTED], Last: [REDACTED]		17.
18a. INFORMANT—NAME (Type or Print) Chester Hull (Husband)			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 827 Eureka, NV 89316			19c. LOCATION Eureka Nevada
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY—NAME Cedar Hill Cemetery		19c. LOCATION Eureka Nevada		19d. STATE Nevada
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) [Signature]		20b. FUNERAL DIRECTOR LICENSE NUMBER 7		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home, Inc. P.O. Box 689 Elko, NV 89803		20d. CITY, TOWN, OR LOCATION Elko
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) [Signature]		21b. DATE SIGNED (Mo., Day, Yr.) 2/28/01		21c. HOUR OF DEATH 1319		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) B Campbell MD
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) [Signature]		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo., Day, Yr.)
22e. AT		22f. PRONOUNCED DEAD (Hour)		22g. AT		22h. LICENSE NUMBER 4096
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) Burce Campbell, MD 1297 College Ave. Elko, NV 89801			23b. LICENSE NUMBER 4096		23c. CITY, TOWN, OR LOCATION Elko	23d. STATE Nevada
24a. REGISTRAR [Signature]		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 02-28-01		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		24d. CITY, TOWN, OR LOCATION Elko
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death
PART I (a) DUE TO, OR AS A CONSEQUENCE OF: Aut GI bleed						Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF: of cardiorespiratory arrest						Interval between onset and death
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.						Interval between onset and death
25. AUTOPSY (Specify Yes or No) No				26. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		27. CITY, TOWN, OR LOCATION Elko
28a. ACC., SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) 28a.		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY M		28d. DESCRIBE HOW INJURY OCCURRED
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28h. CITY, TOWN, OR LOCATION Elko Nevada

No.177261



248032 CERTIFICATE OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: DEC 2 2000
This copy is not valid unless prepared on a

[Signature]
STATE REGISTRAR

